

January 28, 2008

Montana Healthcare Programs Notice

Physical Therapy, Occupational Therapy, Speech Therapy, Audiology, School-Based Services and Nursing Homes

Enhanced Claims Editing—Medicare Correct Coding Initiative Edits (CCI)

Beginning January 30, 2008, healthcare programs administered by the Department of Public Health and Human Services implemented enhanced claims editing to identify situations where correct procedure coding principles need to be improved. This change may affect any provider who bills for services using Current Procedure Terminology or Healthcare Common Procedure Coding System (CPT®/HCPCS) procedure codes, specifically therapy evaluations and therapy services codes. It will apply to:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Audiology
- School Based Services
- Nursing Homes

Enhanced editing will include identification of claims where coding methods do not adhere to guidelines established by The Centers for Medicare and Medicaid in its National Correct Coding Initiative. This module includes editing for services that are considered mutually exclusive and should not be reported together, as well as component codes edits.

Procedures should be reported with the most comprehensive CPT code that describes the service(s) performed. Multiple codes should not be used when a single comprehensive code is available. Providers will be responsible for maintaining documentation to support the reason and need for using the modifier.

More information about NCCI is available at:

http://www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage

Some examples include billing the following codes together:

97530—Therapeutic activities, one on one

97116—Gait training (this is the component of 97530)

95609—Therapeutic services for speech generating device
92507—Treatment of speech, individual (this is component of 95609)

97530—Therapeutic activities, one on one
97150—Therapeutic procedures, group (these are considered mutually exclusive unless documented at different times of the day)

92557—Comprehensive hearing test
92556—Speech audiometry, complete (this is considered a component of 92557)

Under specific circumstances, the provider may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Certain modifiers may be appropriate to represent different sessions or patient encounters. Providers should consult the NCCI website above for more information regarding the use of appropriate modifiers.

After January 30, 2008, Montana Medicaid will apply the CMS CCI edits to insure that coding for the service is appropriate. Procedures that are billed that do not adhere to CCI guidelines will be denied. Reason code 59 on the remittance advice/835 transaction specifies the service is denied.

Coming Soon

Watch for provider notices related to other enhanced editing changes.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>

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